

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/542883

| CLAIMS AS FILED - PART I  |  |   |   |  |                     |                                  |     | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                            |                        |
|---|--|---|---|--|---------------------|----------------------------------|-----|---------------------|------------------------|----------------------------|----------------------------|------------------------|
| _   | NATIONAL                                       | STACE FEES                                      | (Column 1)  |  | <u> </u>            | Column 2)                        | 1 1 | DATE                | FEE                    | 1                          |                            | 1                      |
| U.S. NATIONAL STAGE FEES  |  |   | /   | 7  |                     |                                  |     | RATE                | FEE                    |                            | RATE                       | FEE                    |
| BAS   | IC FEE   |   | SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)- |  | 1                   | GE ENT. = \$ 300                 |     | BASIC FEE           |                        | OR                         | BASIC FEE                  | 300                    |
| EXA   | MINATION FE                                    | E   | (4) = \$50/                                       | (4) = \$50 / \$ 100<br>U.S. is ISA = \$50 / \$ 100 |                     | ther situations = 100 / \$ 200   |     | EXAM. FEE           |                        |                            | EXAM. FEE                  | 200                    |
| SEA   | RCH FEE  |   | ALL other countries = \$200 / \$ 400              |  |                     | ther situations = 5 250 / \$ 500 |     | SEARCH FEE          |                        |                            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | minus 100 =  |                     | / 50 =                           |     | X \$ 125 =          |                        |                            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | /9 minus 20 =                                     |  | *                   |                                  |     | X \$ 25 =           |                        | OR                         | X \$ 50 =                  |                        |
| INDI  | PENDENT CL                                     | AIMS  | 2 minus 3 =                                       |  | *                   |                                  |     | X \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                                   | ESENT /   | $\int$   | -                   |                                  |     | + \$ 180 =          |                        | OR                         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |  |                     | olumn 2                          | •   | TOTAL               |                        | OR                         | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |   |  |                     |                                  |     | SMALL ENTITY        |                        | OR                         | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGH<br>NUM<br>PREVIO<br>PAID                      | BER<br>DUSLY        | PRESENT<br>EXTRA                 |     | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **   |                     | =                                |     | X \$ 25 =           |                        | OR                         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***  |                     | =                                |     | X \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |
| •   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                     |                                  |     | + \$ 180 =          |                        | OR                         | + \$ 360 =                 |                        |
|   |  |   |   |  |                     |                                  | _   | TOTAL ADDIT.        |                        | ÖR                         | TOTAL ADDIT.               |                        |
|   |  |   | •   |  |                     |                                  |     |                     | -                      |                            |                            |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | (Colur<br>HIGH<br>NUMI<br>PREVIO<br>PAID           | EST<br>BER<br>DUSLY | (Column 3) PRESENT EXTRA         |     | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **   |                     | =                                |     | X \$ 25 =           |                        | OR                         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***  |                     | =                                | Ī   | X \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                     |                                  |     | + \$ 180 =          |                        | OR                         | + \$ 360 =                 |                        |
|   |  |   |   |  |                     |                                  |     | TOTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT.<br>FFF        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |  |                     |                                  |     |                     |                        |                            |                            |                        |